# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ✓ MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 103664 PIN# 4925-75-1427 DATE 12/19/01

OWNER OR CONTRACTOR ~~Kristie~~ Nicholle Derek Osborne PHONE: Business _____ Home (704) 883-0441

ADDRESS ~~[redacted]~~ 1127 stones St Statesville N.C. 28677

LOCATION Hwy 115 N, @ Monticello Rd, R on Meadowlark Lane, Left on Oriole 2nd Left.

SUBDIVISION Audubon Acres BLOCK / SECTION — LOT 31 LOT AREA .9887 Acres SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 1007 Date 4-15-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 260
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

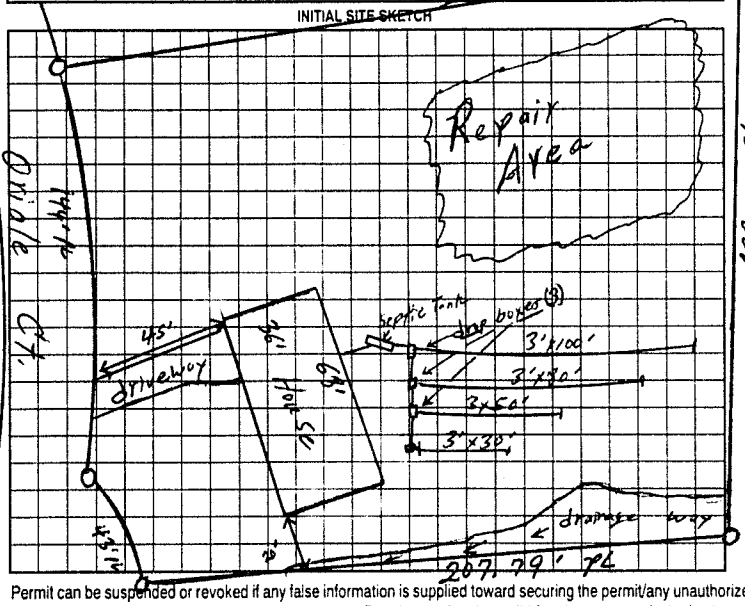
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Mountain proper setbacks ② Install 25% Reduction System using HDE Sections or Chambers w/drop boxes (3)

Comments/Conditions: - Poly lok Filter Installed
- Septic Tank ~~riser~~ Installed Risers

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as Shown per Initial Site Sketch

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Derek Osborne date _____ Installed by: Kelly Welborn

Improvement Permit by: William O. Johnson date 12/19/01 Operation Permit by: William O. Johnson date 7/2/02

Authorization to Construct by: William O. Johnson date 12/19/01 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK